



## Dr. Hedrick's Flat Foot Infosheet

### Flat foot

**What is it?** A flat foot is when your foot does not have a normal arched position. Some people are born with flat feet, but these are generally not painful. Sometimes as a result of an injury or as part of the aging process, the tendon that helps hold up the arch can become damaged and unable to support the arch. This can be painful. More information can be found [here](#).

**How is it diagnosed?** Dr. Hedrick will diagnose a flat foot when he examines you in the office. He will often take x-rays to rule out any other problems in the foot. Sometimes he will order an MRI scan to evaluate the tendon or a CT scan to evaluate the hindfoot joints.

**How is it treated?** Custom inserts and careful attention to shoe selection can solve symptoms related to flat feet for the majority of people. If your deformity is severe, a brace can provide even more support and further improvement of your foot position. Anti-inflammatories and activity modification can also decrease symptoms. If those treatments do not provide enough pain relief, there are surgical options. If your hindfoot is still flexible, several small procedures can be combined to improve the position of your foot and remove the painful tendon (flexible flat foot correction). If the joints of your hindfoot have become stiff from being out of position for a long time, they can be fused (allowed to grow together) into an improved position.

### Flexible Flat Foot Correction

For a flexible flat foot correction, Dr. Hedrick combines several surgeries to improve the position of your foot: he cuts calcaneus (heel bone) and repositions it under the leg, holding it in the new position with two screws; he removes the painful posterior tibialis tendon; he transfers a toe tendon to replace the posterior tibialis tendon; and he lengthens the Achilles tendon to help achieve the best possible position of your foot.

**Surgery:** This surgery is done with a knee block and general anesthesia (general surgery information can be found [here](#)). You will wake up in a bandage and a boot. The bandage must be kept dry, and the boot must be kept on at all times until you return to the office. You should rest and keep your foot elevated most of the time for the first week. You will be toe-touch weight bearing, which means you must keep as much weight as possible off of the operative leg. You may touch your toes down to the floor for balance, and may rest it on the floor when sitting, but do not transfer your weight onto the leg. You must use a walker, crutches, wheelchair, or knee scooter at all times, no matter how short the distance.

First post-operative appointment (10-14 days after surgery): Your dressing, stitches, and staples will be removed. You will be placed in a fiberglass cast and will continue toe-touch weight bearing for three weeks. The cast must be kept dry.

Second post-operative appointment (5 weeks after surgery): Your cast will be removed, and x-rays will be taken of your ankle. You will be placed in another fiberglass cast for three weeks but may transition to full weight bearing as soon as you are comfortable doing so. The cast must be kept dry. You should still limit your activity. You can still use your crutches, walker, wheelchair, or knee scooter for longer distances.

Third post-operative appointment (8 weeks after surgery): Your cast will be removed, and x-rays will be taken of your ankle. You will advance to full weight bearing in the boot you wore immediately after surgery. You may remove the boot for sleeping, bathing, and sitting, but the boot should be on any time you are standing or walking for three weeks. You should still limit your activity. You can still use your crutches, walker, wheelchair, or knee scooter for longer distances.

Fourth post-operative appointment (11 weeks after surgery): X-rays will be taken of your ankle. As soon as swelling and discomfort allow, you may transition to regular shoes. We will provide a prescription for and information about inserts, which we recommend for supporting your arch and protecting your surgical repair.

Fifth post-operative appointment (14 weeks after surgery): X-rays will be taken of your ankle. You can continue to advance the shoes that you wear and gradually return to your normal activities. It is normal to have swelling for many months after the surgery.

### **Triple Arthrodesis (Hindfoot Fusions)**

If your deformity is severe or your hindfoot joints are arthritic, the appropriate surgery is a triple arthrodesis. This procedure uses plates or screws to hold together the joints in the hindfoot (subtalar, talonavicular, and calcaneocuboid joints). During the recovery process, the bones of these joints grow together, removing motion but relieving pain and improving the position of your hindfoot.

Surgery: This procedure is done with a knee block and general sedation (general surgical information can be found [here](#)). You will wake up in a bandage and a boot. The bandage must be kept dry, and the boot must be kept on at all times until you return to the office. You should rest and keep your foot elevated most of the time for the first week. You will be toe-touch weight bearing, which means you must keep as much weight as possible off of the operative leg. You may touch your toes down to the floor for balance, and may rest it on the floor when sitting, but do not transfer your weight onto the leg. You must use a walker, crutches, wheelchair, or knee scooter at all times, no matter how short the distance.

First post-operative appointment (10-14 days after surgery): Your dressing, stitches, and staples will be removed. You will be placed in a fiberglass cast and will continue toe-touch weight bearing for three weeks. The cast must be kept dry.

Second post-operative appointment (5 weeks after surgery): Your cast will be removed, and x-rays will be taken of your foot. You will be placed in another fiberglass cast for three weeks but may transition to full weight bearing as soon as you are comfortable doing so. The cast must be kept dry. You should still limit your activity. You can still use your crutches, walker, wheelchair, or knee scooter for longer distances.

Third post-operative appointment (8 weeks after surgery): Your cast will be removed, and x-rays will be taken of your foot. You will advance to full weight bearing in the boot you wore immediately after surgery. You may remove the boot for sleeping, bathing, and sitting, but the boot should be on any time you are standing or walking for three weeks. You should still limit your activity. You can still use your crutches, walker, wheelchair, or knee scooter for longer distances.

Fourth post-operative appointment (11 weeks after surgery): X-rays will be taken of your foot. As soon as swelling and discomfort allow, you may transition to regular shoes.

Fifth post-operative appointment (14 weeks after surgery): X-rays will be taken of your foot. You can continue to advance the types of shoes you wear and gradually return to your regular activities. It is normal to have swelling for many months after the surgery. It is expected that you have stiffness at the joints that were fused.